Recipient Committee			Date Stamp	COVER PAGE
Cover Page	Type of pills in the		9	FORNIA ORM
(GOVERNITIES COME SECTIONS 04500-10-10)	Statement covers period 1/1/2010 from	\$	3 0 2010	ge of official Use C
SEE INSTRUCTIONS ON REVERSE	6/30/2010	20 M	City Clerk	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2	tees – Complete Parts 1, 2, 3, and 4.	2. Type of Statement:		
		Preelection Statement Semi-annual Statement Termination Statement		Quarterly Statement Special Odd-Year Report Supplemental Preelection
General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	(Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Amendment (Explain below)		1 - Attach T Offi 490
3. Committee Information	I.D. NUMBER	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	AMITTEE)	NAME OF TREASURER		
Alice Patino	×	Tom Martinez		
		2624 Airpark Dr.		
STREET ADDRESS (NO P.O. BOX)		CITY		AREA CODE/PHONE
2151 S. College Dr. Ste. 101		Santa Maria	CA 93455	805-934-5737
CITY STATE Santa Maria CA	zip code AREA CODE/PHONE 93455 805-922-4881	NAME OF ASSISTANT TREASURER, IF ANY TREASURER, IF ANY TRENT J. Benedetti, CPA	ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OF	OR P.O. BOX	MAILING ADDRESS 2151 S. College Dr. Ste. 101		
CITY	ZIP CODE AREA CODE/PHONE	CITY Santa Maria	STATE ZIP CODE CA 93455	AREA CODE/PHONE 805-922-4881
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS		
4. Verification				9,7
I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and correct. Under penalty of perjury under the laws of the State of California that the foregoing is true and correct.	reviewing this statement and to the best of my kn California that the foregoing is true and correct.	lowledge the information contained herein and	In the attached schedules	s true and complete. I certify
Executed on Date	À	Signature of Treasurer or essignar Treasurer	in	ı
Executed on	By Signature of Co	Signature of Controlling Officeholder, Candidate, State Messure Proponent or	Responsible Officer of Sponsor	ı
Executed on	Ву ———	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ure Proponent	ı
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	ure Proponent	nent FPPC Form 460 (January/05)

State of California

Recipient Committee Campaign Statement Cover Page — Part 2

-PART2	99	
COVER PAGE - PART 2	CALIFORNIA 4	Page of _

5. Officeholder or Candidate Controlled Committee	nittee	6. Primarily Formed Ballot Measure Committee	: Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPL	ICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
City Council Member					
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	CITY STATE ZIP	Identify the controlling officeholder, candidate, or state measure proponent, if any.	seholder, candida	ite, or state measure pro	ponent, if any.
609 Mill St. Santa P	Santa Maria, CA 93458	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	NDATE, OR PROPON	TNENT	
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	atement: List any committees or are primarily formed to receive andidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D. NUMBER			-	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	idate/Officeho for which this con	Ider Committee List mmittee is primarily formed	names of I.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP (ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)				
CITY STATE ZIP O	ZIP CODE AREA CODE/PHONE	Attac	h continuation si	Attach continuation sheets if necessary	

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1/1/2010	Clare	oratement covers period	CALIFORNIA
6/30/2010 Page	from	1/1/2010	FORM #00
	through	6/30/2010	Page of

Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars.	Statem	Statement covers period	CALIFORNIA 460
		through	6/30/2010	Page of
SEE INSTRUCTIONS ON REVERSE VAME OF FILER				I.D. NUMBER
Contributions Received	Column A TOTALTHIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the	Calendar Year Summary for Candidates Running in Both the State Primary and
Monetary Contributions	9	,	General Elections	
· · · · · · · · · · · · · · · · · · ·	0	0	1/1 th	1/1 through 6/30 7/1 to Date
**************************************	9		20. Contributions Received \$	\$
4. Nonmonetary Contributions	\$ 0 0 \$	0 0	res	69
Expenditures Made			Expenditure Limit Summary for State	Summary for State
5. Payments Made Schedule E, Line 4	\$	0	Candidates	
7. Loans Made Schedule H, Line 3	0	0	3	**************************************
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	0	ZZ. CUMUIBUIV (If Subject to	ZZ, Cumulative Expenditures Made (if Subject to Voluntary Expenditure Limit)
3. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	0	0	Date of Election	Total to Date
10. Nonmonetary AdjustmentSchedule C, Line 3	0	0	(mm/dd/yy)	
11, TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$	0	, ,	€
Current Cash Statement				€>
12 Beginning Cash Balance Previous Summary Page. Line 16	0			
	0	amounts in Column A to the		
1000 C C C C C C C C C C C C C C C C C C	0	corresponding amounts	*Amounts in this section m	*Amounts in this section may be different from amounts
	0	report. Some amounts in	reported in Column B.	
13. Casii rayindina	0	Column A may be negative figures that should be		
		subtracted from previous period amounts. If this is		
17. LOAN GUARANTEES RECEIVED	9 0	the first report being filed for this calendar year, only		
	3 4	from lines 2.7 and 9 (if		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents.	0	any).		
Add Line 2	0			FPPC Form 460 (January/05)
			FPPC Toll-Free Hetplin	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink. Schedule A Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Alice Patino

SCHEDULE A	CALIFORNIA 460	Page of	I.D. NUMBER
	Statement covers period 1/1/2010 from	through 6/30/2010	
Type or print in ink.	Amounts may be rounded to whole dollars.		

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSOENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		CCOM COM COTH SCC				
		COM OTH PTY				
		IND COM OTH SCC				
		IND COM OTH SCC				
15		IND COOM OOTH SCC				
			SUBTOTAL \$			
Schedule 1. Amount re (Include al	Schedule A Summary 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)		9	0	*Contributor Codes IND - Individual COM - Recipient Co	*Contributor Codes IND – Individual COM – Recipient Committee (other than PTY or SCC)
2. Amount re	2. Amount received this period – unitemized monetary contributions		of less than \$100\$	0	OTH - Other (e.g., t PTY - Political Party SCC - Small Contribu	OTH - Other (e.g., business entity) PTY - Political Party SCC - Small Contributor Committee
3. Iotal mone	 Iotal monetary contributions received this period. Idd Lines 1 and 2. Enter here and on the Summany Page. Column A. Line 1. 	mn A Tine 1)	\$ IATOT	0		

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.
Amounts may be rounded to whole dollars. Payments Made Schedule E

UMBER		
Page 1 of 1	6/30/2010	through
FORM 100	1/1/2010	from
CALIFORNIA A CO	Statement covers period	Statem
SCHEDULEE		

SEE INSTRUCTIONS ON REVERSE				turougn	rage	10
NAME OF FILER Alice Patino					I.D. NUMBER	œ.
CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMS campaign paraphernalia/misc. CMS campaign consultants CMS campaign consultants CMS campaign consultants CMS campaign consultants CMS campaign paraphernalia/misc. CMS campaign paraphernalia/misc. CMS campaign paraphernalia/misc. CMS campaign consultants CMS campaign of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMS campaign consultants CMS campaign services (spaling and survey research fundralising events CMS candidate filing/ballot fees PMS professional services (legal, accounting) CMS professional services (legal, accounting) CMS print ads CMS campaign services (legal, accounting) CMS print ads CMS campaign services (legal, accounting) CMS print ads CMS campaign services (legal, accounting) CMS campaign services (legal, accounting)	the payment, you may en MBR member communications MTG meetings and appearanc OFC office expenses PET petition circulating PHO phone banks POL polling and survey resea POS postage, delivery and my PRO professional services (le PRT print ads	yment, you may enter the code. C member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting)	de. Otherwise, d RAD RFD SAL TEL TRC TRS vices TSF ng) VOT	describe the payment. D. radio airtime and production costs D. returned contributions L. campaign workers' salaries L. t.v. or cable airtime and production costs C. candidate travel, lodging, and meals S. staff/spouse travel, lodging, and meals F. transfer between committees of the same candidate/sponsor T. voter registration B. information technology costs (internet, e-mail)	costs duction costs and meals so of the same s (internet, e-m	candidate/sponsor ail)
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D., NUMBER)		CODE OR	DESCRIPT	DESCRIPTION OF PAYMENT		AMOUNT PAID
* Payments that are contributions or independent expenditures must al	ust also be summ	so be summarized on Schedule D.		าร	SUBTOTAL \$	0
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100	subtotals.)				₩ ₩	0 0

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)...............